

The Croft Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Croft Medical Centre on 13 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- There was a clear process to receive and review safety alerts
- The practice had two safeguarding leads to ensure there was consistent cover in the event of an absence. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice used templates specific to the patient record system to ensure treatment and care was in line with best practice, for example diabetes.
- The practice had a structured approach to clinical audits to demonstrate quality improvement.
- The practice proactively reviewed patient care plans, including for those identified as high risk of admission to hospital. Any discharges from hospital were reviewed on a daily basis and care plans were amended as appropriate.
- The practice identified patients who may be in need of extra support and signposted them to the relevant service.
- Patients said they felt the practice offered an excellent service and felt welcomed by all staff. They also told us they felt listened to and supported by staff who also gave advice on how to self manage their conditions.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice identified carers and provided appropriate support and guidance.
- Data from the national GP patient survey showed patients rated the practice lower than others with regards to access to the practice. However, the practice had recognised this and took action to improve access.
- Members of the patient participation group told us the practice had made changes to the appointment system to improve the access to the practice by telephone.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice held various monthly meetings to ensure governance issues were discussed and actions were taken as necessary, for example discussion of significant events, complaints, audits and safety alerts.
- There was a strong focus on continuous learning and improvement at all levels and the practice had been nominated in 2015 and 2016 for GP Awards.

The areas where the provider should make improvement are:

- Continue to review patient satisfaction, specifically in relation to patient access.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- There was a clear process to receive and review safety alerts
- The practice had two safeguarding leads to ensure there was consistent cover in the event of an absence. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- All staff received annual basic life support training and there was a business continuity plan in place in the event of a major disruption to the service.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Two GP partners were responsive for ensure all relevant NICE guidance was accessible on the practice intranet site and up to date. Guidance was reviewed and discussed as appropriate and changes were made to local protocols as appropriate.
- The practice used templates specific to the patient record system to ensure treatment and care was in line with best practice, for example diabetes.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice had higher exception reporting rates than the national average for some clinical indicators in 2014/15. The practice had completed a detailed analysis and comparison to the 2015/16 data. The practice clearly identified some discrepancies in the data, however where exception reporting was higher than the national average the practice had identified the reasons including incorrect coding and the actions they would take as a result.
- The practice had a structured approach to clinical audits to demonstrate quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice proactively reviewed patient care plans, including for those identified as high risk of admission to hospital. Any discharges from hospital were reviewed on a daily basis and care plans were amended as appropriate.
- The practice identified patients who may be in need of extra support and signposted them to the relevant service.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they felt the practice offered an excellent service and felt welcomed by all staff. They also told us they felt listened to and supported by staff who also gave advice on how to self manage their conditions.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified carers and provided appropriate support and guidance.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national GP patient survey showed patients rated the practice lower than others with regards to access to the practice. However, the practice had recognised this and took action to improve access.
- Members of the patient participation group told us the practice had made changes to the appointment system to improve the access to the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear strategy and objectives in place to ensure the practice vision was achieved.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice held various monthly meetings to ensure governance issues were discussed and actions were taken as necessary, for example discussion of significant events, complaints, audits and safety alerts.
- The practice proactively sought feedback from staff and patients, which it acted on. A staff steering group had also been introduced to increase communication between staff and the management and partner teams.
- The patient participation group was active and felt supported by the practice.
- There was a strong focus on continuous learning and improvement at all levels and the practice had been nominated in 2015 and 2016 for GP Awards.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were able to refer patients to an Integrated Care Facilitator employed by the local council to ensure support was provided holistically.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 80% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care and personalised care plans were implemented.
- The practice was involved in a pilot to improve pain management for patients over 65 with long term conditions.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, including booking appointments and requesting repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- The practice hosted a physiotherapy service and ultrasound service which had shown a reduction in the number of referrals to secondary care.
- A walk-in blood clinic was available on a daily basis between 8am and 9.45am. Patients were also able to book an appointment for a blood test.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had two safeguarding leads and staff were knowledgeable about their roles and responsibilities if they had concerns about a patient.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 97% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- 85% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 223 survey forms were distributed and 131 were returned. This represented 1.5% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had reviewed the GP patient survey results and implemented an action plan to improve specific areas. This included improving access by phone, reviewing the appointment system and carrying out an internal patient survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients said they felt listened to and treated kindly by all staff. Two GPs were also mentioned in particular throughout the comments as being supportive and providing good care. However, three comment cards also said they found it difficult at times to get a pre-bookable appointment.

We spoke with three patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable and compassionate. They told us staff were always willing to listen and the practice had a welcoming environment.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue to review patient satisfaction, specifically in relation to patient access.

The Croft Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Croft Medical Centre

The Croft Medical Centre is a GP practice, which provides primary medical services to approximately 8,644 patients predominately living in the Oadby area. All patient facilities are accessible. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The practice has six GP partners (four male and two female), one salaried GP (female), two GP registrars (male) and three trainee doctors (female). The nursing team consists of a practice nurse and two health care assistants. They are supported by a Practice Manager, Associate Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday, however closed between 12.30noon and 1.30pm daily. Extended hours appointments are offered between 7.30am and 8am Monday to Thursday. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

The practice is an approved training practice for the training of General Practice Registrars and medical students. The practice also participated in and is research accredited.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, practice manager and administrative and reception staff.
- Spoke with patients who used the service.
- Spoke with members of the patient participation group.

Detailed findings

- Spoke with external stakeholders, including an integrated care facilitator and a volunteer from Voluntary Action South Leicestershire (VASL).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents, which were risk rated and there was a recording form available on the practice's computer system. All incidents were discussed at a clinical meeting and if the risk was high a full significant event investigation was carried out.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, were given a full explanation and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed the incident and actions taken at the relevant meetings.

There was a clear process to receive and review safety alerts. Alerts were discussed at the daily clinical meeting to agree the actions to be taken and records were kept to show the discussions and actions agreed. The practice had a system in place to ensure medicine alerts regarding any potential contra-indications were automatically flagged on the patient record system.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had two safeguarding leads to ensure there was consistent cover in the event of an

absence. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. Notices were also displayed in all consultation and treatment rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Requests for prescriptions that included high risk medicines were always checked by a GP to ensure the relevant monitoring was in date. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and this was reviewed on a regular basis.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Two GP partners were responsive for ensure all relevant NICE guidance was accessible on the practice intranet site and up to date.
- The practice discussed and reviewed guidance as appropriate and made changes to local protocols as appropriate, for example anticoagulation.
- The practice used templates specific to the patient record system to ensure treatment and care was in line with best practice, for example diabetes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 80% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 97% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and

agreed care plan in place, compared to 89%. 85% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

Before our inspection, we reviewed data to show the practice exception reporting was higher than the national average for some clinical indicators in 2014/15. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had looked into this data as a result of the inspection and compared it to the data available for 2015/16. The practice clearly identified some discrepancies in the data, however where exception reporting was higher than the national average the practice had identified the reasons including incorrect coding and the actions they would take as a result. The clinical domains were:

- Chronic Obstructive Pulmonary Disease – there had been a reduction from 31% in 2014/15 to 27% in 2015/16.
- Cancer – the practice was able to evidence that no patients had been exempt from this domain.
- Dementia – there had been a reduction from 18% in 2014/15 to 5% in 2015/16.
- Depression – there had been a reduction from 5% in 2014/15 to 0% in 2015/16. The practice was also able to evidence the number of patients exempt from this domain which was significantly lower than the data reviewed before the inspection.
- Rheumatoid arthritis – there had been a reduction from 53% in 2014/15 to 34% in 2015/16.

There was evidence of quality improvement including clinical audit.

- Each GP partner had agreed to completed one new audit and one reaudit every 12 months to ensure there was a commitment from all to learn and improve services to patients. As a result of one audit, the practice had designed a template to inform referrals of suspicious skin lesions to ensure the appropriate action was taken.
- The practice participated in local audits, national benchmarking, peer review and research.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was an approved training practice and received positive feedback from trainees regarding the support and supervision provided by the GP trainers.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice proactively reviewed patient care plans, including for those identified as high risk of admission to hospital. Any discharges from hospital were reviewed on a daily basis and care plans were amended as appropriate.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs, including for patients identified at the end of their life.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Training records demonstrated all staff had received Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The practice hosted the Quit51 service to allow patients to access the smoking cessation services more easily.

Are services effective?

(for example, treatment is effective)

- The practice identified patients over the age of 60 who had multiple medical conditions and referred them, if appropriate, to the integrated care facilitator to ensure the patient was provided with holistic support. The integrated care facilitator raised any medical concerns with the GPs to ensure appropriate care and treatment was provided.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96%, which was comparable to the CCG average of 95% to 98% and five year olds from 88% to 93%, which was comparable to the CCG average of 94% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for patients with a learning disability and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and felt welcomed by all staff.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff who also gave advice on how to self manage their conditions. Patients felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them and were never made to feel rushed during an appointment. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff were multilingual and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, Arthritis research UK and child health information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 240 patients as carers (2.8% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice recently started to host a carers clinic led by Voluntary Action South Leicestershire (VASL) which enabled patients to get direct support by a local charity specialising in assisting carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. If their usual GP was unavailable, the on call GP contacted the family. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were able to refer patients to an Integrated Care Facilitator employed by the local council to ensure support was provided holistically.
- The practice hosted a physiotherapy service and ultrasound service which had shown a reduction in the number of referrals to secondary care.
- A walk-in blood clinic was available on a daily basis between 8am and 9.45am. Patients were also able to book an appointment for a blood test.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, however closed between 12.30noon and 1.30pm daily. Extended hours appointments were offered between 7.30am and 8am Monday to Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower compared to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 22% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 59%.
- 71% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

The practice had identified the areas within the national GP survey where patients had rated them lower than others. The practice had put into place a detailed action plan including asking the patient participation group (PPG) to conduct a local patient survey, the appointment system was changed to provide a variety of bookable and on the day appointments. The partners also reviewed the appointment availability for the next five weeks to ensure there was an appropriate number of appointments available and to identify if locum GPs were required to meet patient demand.

The results from the PPG survey showed patients were satisfied with the access to the practice, including seeing their preferred GP and were aware of the system to book urgent and routine appointments, patients were also aware of the online booking system. A total of 116 patients completed the survey and 90% rated their general experience as either excellent or good.

Patients told us if an appointment was not available when they telephoned, the duty doctor would call them back. The duty doctor then carried out a telephone consultation and arranged an appointment at the practice, if this was still required. Members of the PPG told us that it was difficult to get an appointment to see a specific GP and had to wait to get an appointment. However, it was acknowledged that patients could get an earlier appointment if they did not mind who they saw. They also told us the practice had made changes to the appointment system to improve the access to the practice by telephone.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.

We looked at 16 complaints the practice had received since April 2016 and found these were responded to in a timely way and the practice demonstrated openness and

transparency with dealing with the complaint. All complaints were discussed at the partners meeting and actions were taken as necessary, for example policies were updated to reflect new processes as appropriate.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. A clear strategy and objectives were in place to ensure the practice vision was achieved.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice held various monthly meetings, including combined business and clinical meetings, as well as separate business, clinical and administrative team meetings. Agendas for the meetings ensured governance issues were discussed and actions were taken as necessary, for example discussion of significant events, complaints, audits and safety alerts.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice supported affected people, provided an explanation regarding the incident and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and steps had been put into place to ensure staff felt supported by management.

- Staff were aware of and attended regular team meetings.
- The practice manager told us there had been a communication issue in the past and as a result a steering group had been set up. The steering group consisted of management, some partners and administration staff and was set up to improve communication and empower staff to solve problems with the support of the partners and management.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met five times per year and generated four newsletters which were available in the practice waiting area. The group were promoted on the practice website, which included the minutes from the meetings and had their own email address to encourage patients to contact them with feedback regarding the practice. Members of the group told us the practice listened to their suggestions and took action where they could, including developing a dedicated childrens area with books and toys within the waiting area.
- To increase the range of members within the PPG, the PPG liaised with another practice and did a presentation

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

to a local sixth form group who were interested in medicine. This was to increase awareness of what the PPG did and to encourage membership, however there had been no uptake.

- The PPG carried out local patient surveys, which asked if patients were aware of the PPG, satisfaction on the urgent and routine appointment systems as well as the premises. The most recent results showed patients were mostly satisfied with the services provided.
- The practice gathered feedback generally from staff through staff meetings, appraisals and discussion. A staff steering group had also been introduced to increase communication between staff and the management and partner teams.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

In 2015 the practice was shortlisted for the GP Awards in relation to a seven day service that had been implemented with the local clinical commissioning group. The seven day service identified patients at high risk of admission to hospital, as well as those with multiple medical conditions that could access a GP at the weekend. At the time of our inspection, the service had been provided and discontinued two weeks previously due to funding. The practice were hopeful the service would be re-instated in the near future.

In 2016 the practice was shortlisted for two GP awards, innovators of the year and clinical team of the year – long term conditions. This reflected work the practice had been involved with to improve pain management for patients over 65 with long term conditions. The project to date had positive feedback from patients.